

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org



LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

	(1) po oi 11	int Oleany)		
PARTI LOBBYIST			7	
NAME(Last)	(First)	(Middle)	TELEPHONE	
PILTZ	Karen	M.L.	528-8200	
MAILING ADDRESS (Street)			FAX	
745 FortSt., 9th Fl.			536–5869	
(City)	(State)	(Zip Code)		
1				
Honolulu	HI	96813		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
Chun Kerr Dodd Beaman & Wong			528-8200	
MAILING ADDRESS (Street)			FAX	
745 Fort ST., 9	th Fl.		526-5869	
(City)	(State)	(Zip	Code)	
Honolulu	HI	968	13	
HORSEGIG	111			

PART II ORGANIZATION					
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE			
Chun Kerr Dodd Bea	528-8200				
MAILING ADDRESS (Street)		FAX			
745 Fort St., 9th	536–5869				
		(Zin Codo)			
(City)	(State)	(Zip Code)			
Honolulu,	Honolulu, HI 96813				
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE			
Karen Piltz		528-8200			
MAILING ADDRESS (Street)		FAX			
745 Fort St., 9th Fl.		536-5869			
(City)	(State)	(Zip Code)			
Honölulu	HI	96813			

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
X Agriculture	Education	Human Services	X Science, Technology & Economic Development		
X Communications & Public Utilities	XGovernment Operations & Finance	X Intergovernmental Relations, International Affairs	X Tourism & Recreation		
X Consumer Protection & Commerce	XHawaiian Affairs	Labor & Employment	Transportation		
X Culture, Arts, Historic Preservation	Health	X Planning, Land & Water Use Management	Other: (indicate below)		
X Ecology, Energy Environmental Protection	XHousing	Public Safety & Corrections			

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

CERTIFICATION OF LOBBYIST

3	Signature of Lobi	byist)		(Date)	
PART V AUT	HORIZATION TO LOBBY				
NAME TITLE OF AUTHORIZING C		OF AUTHORIZING OFF	ICER OR PERSON REPRESENTED		
Dänton S	• Wong	P	artner		
NAME OF ORGAN	ZATION (if applicable)			TELEPHONE	
Chun Kerr Dodd Beaman & Wong			528-2800		
MAILING ADDRESS (Street)			FAX		
745 Fort St., 9th Fl.			536-5869		
(City)		(State)	(Zip	(Zip Code)	
Honolulu		HI	968	96813	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
	lantin a my			1/31/05	
(5	Signature of Authorizing Officer or	Person Represented)		(Date)	